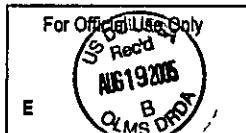


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9908</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>ANGELO</u> <u>CORDISCO</u> P O Box Bldg Room No if any Street <u>61-04 MAURICE AVE</u> City <u>MASPETH</u> State <u>New York</u> ZIP Code + 4 <u>11378</u>	4 Name file number and address of labor organization Name <u>INT L UNION OF OPERATING ENGINEERS LOCAL 295</u> Labor Organization File Number <u>057-476</u> P O Box Building and Room Number if any Street <u>61-04 MAURICE AVE</u> City <u>MASPETH</u> State <u>New York</u> ZIP Code + 4 <u>11378</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

*Angelo Cordisco*

On

8/15/05  
Date

718 672-7930  
Telephone Number

Name of Person Filing ANGELO CORDISCO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

## 9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

## 11 a Nature of such dealing

11 b Approximate dollar value of such dealing 

## 12 a Nature of interest held or income received

12 b Amount 

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name IUOE LOCAL 295 WELFARE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

## 14 a Nature of payment

VARIOUS MEETINGS WITH TRUSTEES PROFESSIONALS AND CONSULTANTS AS BOTH PRESIDENT OF THE UNION AND AS FUND ADMINISTRATOR

13 b Is the Business an Employer ☒ or Consultant ☐ ?

## 14 b Amount of payment.

\$2 044

Name of Person Filing ANGELO CORDISCO

File Number U

## Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name IUOE LOCAL 295 PENSION FUND

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

VARIOUS MEETINGS WITH TRUSTEES, PROFESSIONALS AND CONSULTANTS AS BOTH PRESIDENT OF THE UNION AND AS FUND ADMINISTRATOR

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$964

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name IUOE LOCAL 295 EDUCATIONAL FUND

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

VARIOUS MEETINGS WITH TRUSTEES PROFESSIONALS AND CONSULTANTS AS BOTH PRESIDENT OF THE UNION AND AS FUND ADMINISTRATOR

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$41

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name 61-02 MAURICE AVE INC

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

MEETINGS WITH PROFESSIONALS REGARDING NEGOTIATIONS OF LEASES WITH ATTORNEY AND ACCOUNTANTS

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$379

Name of Person Filing ANGELO CORDISCO

File Number U

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name TUOE LOCAL 295 WELFARE &amp; PENSION FUNDS

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

ATTENDED EDUCATIONAL CONFERENCE IN ACCORDANCE WITH MY RESPONSIBILITIES AS FUND ADMINISTRATOR OF THE TRUST FUNDS RECEIVED CERTIFICATE UPON COMPLETION OF CONFERENCE 2/11/04 THROUGH 2/18/04, NATIONAL LABOR MANAGEMENT CONFERENCE

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$6,060

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name TUOE LOCAL 295 WELFARE &amp; PENSION FUNDS

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

ATTENDED EDUCATIONAL CONFERENCE IN ACCORDANCE WITH MY RESPONSIBILITIES AS FUND ADMINISTRATOR TO THE TRUST FUNDS RECEIVED CERTIFICATE UPON COMPLETION OF CONFERENCE 10/01/04-10/06/04 AMERICAN ALLIANCE CONFERENCE LTD

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$6,770

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name PENGUIN AIR CONDITIONING CORP

Trade Name if any

P O Box Bldg Room No if any

Street 26 WEST STREET

City BROOKLYN

State New York ZIP Code + 4 11222

14 a Nature of payment.

MEETINGS WITH EMPLOYER REGARDING PRELIMINARY DISCUSSIONS ABOUT UPCOMING CONTRACT RENEWAL AND GREIVANCES

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$225

## Part C Continuation Page

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name ROTHSCHILD

Trade Name if any

P O Box Bldg Room No if any

Street 1251 AVENUE OF THE AMERICAS

City NEW YORK

State New York ZIP Code + 4 10020

**14 a Nature of payment**

ATTENDED VARIOUS BUSINESS DEVELOPMENT DINNERS  
WITH INVESTMENT MANAGER AS PART OF MY DUTIES AS  
FUND ADMINISTRATOR

**13 b Is the Business an Employer** ☐ **or Consultant** ☒ **?**

**14 b Amount of payment**

\$313

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.**

**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14 b Amount of payment**

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.**

**13 b Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14 b Amount of payment.**